

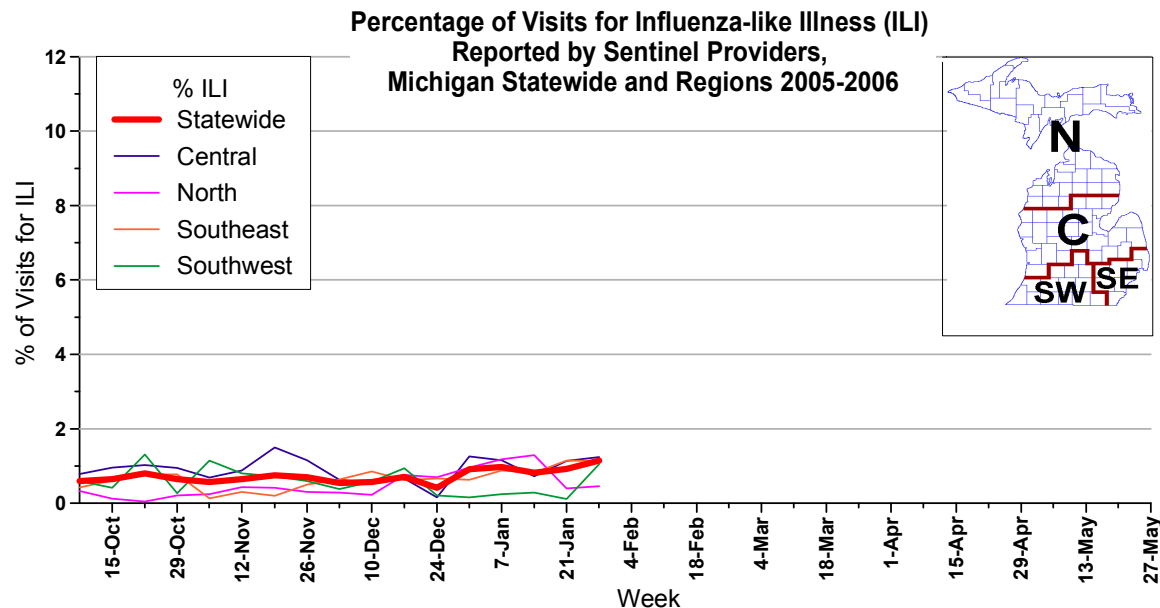
MiFluFocus
February 02, 2006
Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, has been relatively stable since last week. This level is decreased compared to the same week in January 2005.

Emergency Department Surveillance: As expected, emergency department visits due to both constitutional and respiratory complaints continued to increase over the past week. Both indicators behaved similarly, with steady overall increases in activity and without any large spikes in activity. The levels of both respiratory and constitutional complaints are similar to those seen from last year at this time. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: Sales of all flu-related over-the-counter products are somewhat mixed, although an overall picture of increasing flu activity has continued. Over the past week, antifever medication, adult and pediatric cold relief products, electrolyte, and thermometer sales increased, while chest rub, cough/cold medication, and nasal product sales remained relatively constant. At this point, sales of all over-the-counter products are decreased compared to last year at this time, as the rate of increase in flu activity was much greater during that period.

Sentinel Surveillance (as of February 2, 2006): During the week ending January 28, 2006, 1.1% of visits to sentinel providers were due to influenza-like illness (ILI). This percentage is slightly increased over last week's 0.9%. The percentage of visits for ILI ranged from 0.5% in the North region to 1.2% in Central region; 1.1% of all visits were due to ILI in the Southeast and 1.0% in the Southwest. Sentinel laboratories across the state are reporting increases in influenza A positives, particularly in the Southeast and Southwest regions. One sentinel laboratory in Southeast Michigan also reported a small increase in influenza B positives.



Community or Facility-Based Outbreaks (as of February 2, 2006): None reported.

MDCH Laboratory Surveillance (as of February 2, 2006): There have been a total of 35 influenza A viruses isolated at MDCH Laboratories this season; 29 influenza A (H3N2) and 6 influenza A with subtyping pending. The MDCH lab has also confirmed two influenza B cases. To date, the majority of the lab-confirmed influenza cases have been young adults and children.

National: During week 03 (January 15 – January 21, 2006), influenza activity continued approximately at the same level as recent weeks in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths

attributed to pneumonia and influenza was below the baseline level. Five states reported widespread influenza activity; 23 states and New York City reported regional influenza activity; 9 states and the District of Columbia reported local influenza activity; and 13 states reported sporadic influenza activity.

International Activity (WHO, January 18, 2006): From week 50 in 2005 to week 1 in 2006, influenza activity continued to increase in several countries of North America and South-East Asia, while sporadic detections of influenza viruses were reported in some countries of Central Asia and Europe. Overall activity remained low.

MDCH reported **LOCAL** activity to the CDC for this past week ending **1/28/2006**.

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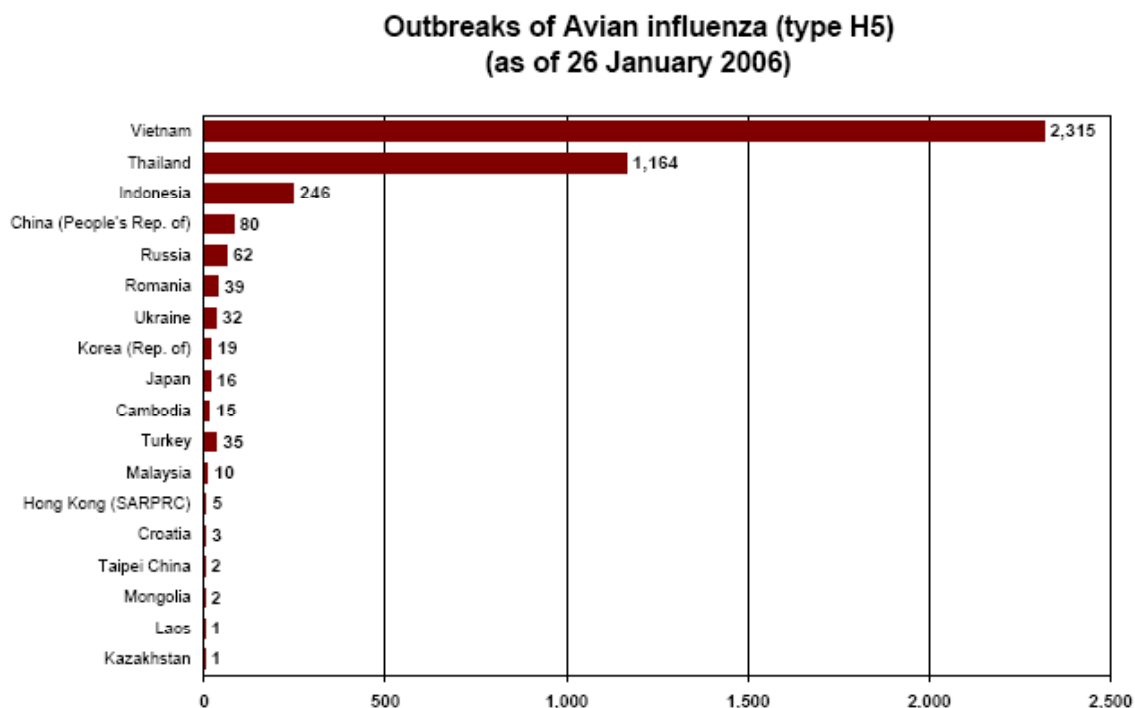
End of Seasonal Influenza Report- Avian H5N1 Influenza Update: Next Page

Avian H5N1 Influenza Update

WHO Pandemic Phase: Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

Table 1. H5N1 influenza-avian: (latest graph update: January 26, 2006) Avian/poultry outbreaks are occurring in multiple countries, this is a cumulative OIE report from 2004-present.
(Source: downloaded 2/1/06, <http://www.oie.int/download/AVIAN%20INFLUENZA/graph%20HPAI%2005012006.pdf>)



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Table 2. H5N1 influenza-human: (February 2, 2006) A total of 161 lab-confirmed cases of human H5N1 from 7 countries being reported by WHO.

(Source: Downloaded 2/2/06 http://www.who.int/csr/disease/avian_influenza/country/cases)

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	2	2	10	7
Indonesia	0	0	0	0	16	11	3	3	19	14
Iraq	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	94	41	18	10	161	86

Total number of cases includes number of deaths.
WHO reports only laboratory-confirmed cases.